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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/564,262 Filling Date January 9, 2006 First Named Inventor Aaron L. Davidson POWER OF ATTORNEY SYSTEM AND METHOD FOR **DETERMINING RELATIONSHIPS CORRESPONDENCE ADDRESS** BETWEEN USERS ... Title INDICATION FORM **Art Unit** N/A Not Yet Assigned **Examiner Name** 0289917.00123US1 Aftorney Docket No. I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: Practitioners associated with the Customer Number: 23483 OR Practitioner(s) named below: Registration Registration Name Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Flrm or Individual Name Address City State Zip Country Telephone Emall I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date Telephone Name Title and Company Simworks International Limited NOTE; Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. \*Total of forms are submitted.

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